檢查單號:U120742112

Clinical Information:

Evaluation for trauma

Technique:

Axial non-enhanced CT images of the chest were obtained with multiplanar reconstructions.

Findings:

Bony Thorax:

No ribs fracture.

Lungs and Pleura:

No pleural effusion.

No pneumothorax is noted on either side.

There is no evidence of parenchymal lung opacity.

Mediastinum and Hila:

No significant mediastinal or hilar lymphadenopathy.

No mediastinal masses or vascular abnormalities.

Heart and Great Vessels:

Normal size and configuration of the cardiac silhouette.

Others:

No free air under the diaphragm.

GB stones.

Hepatic hypodesity cystic lesions in liver.

suspicious left renal tiny stones.

Impression:

Marginal spur formation at the thoracic spine, suggestive of degenerative changes.

GB stones.

Hepatic hypodesity cystic lesions in liver.

Suspicious left renal tiny stones.

Recommendation:

Clinical correlation and Follow-up imaging or evaluation may be indicated

depending on the clinical context.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120740792

Clinical Information:

Evaluation for trauma

Technique:

Axial non-enhanced CT images of the chest were obtained with multiplanar reconstructions.

Findings:

Bony Thorax:

No definite displacement rib fracture,

Left upper chest subcutaneous emphysema.

old left clavicle fracture with fixation.

Lungs and Pleura:

No pleural effusion.

suspicious minor pneumothorax is noted on left side. (se/im 202/18)

There is no evidence of parenchymal lung opacity.

Mediastinum and Hila:

No significant mediastinal or hilar lymphadenopathy.

No mediastinal masses or vascular abnormalities.

Heart and Great Vessels:

Normal size and configuration of the cardiac silhouette.

atherosclerotic plaues in coronary artery.

Others:

No free air under the diaphragm.

Left hepatic hypodesity cystic lesion.

Impression:

1.Left upper chest subcutaneous emphysema.

2.old left clavicle fracture with fixation.

3.suspicious minor pneumothorax is noted on left side.

4.Marginal spur formation at the thoracic spine, suggestive of degenerative changes.

5.atherosclerotic plaues in coronary artery.

6.Left hepatic hypodesity cystic lesion.

Recommendation:

Clinical correlation and Follow-up imaging or evaluation may be indicated

depending on the clinical context.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120744693

Technique:

Non-contrast computed tomography of the chest was performed using standard protocols.

Findings:

Atherosclerotic plaues in coronary artery,aortic arch.

Mediastinum:

The mediastinal structures appear intact. No masses, lymphadenopathy noted.

Lungs:

Right middle lobe infiltration, possibly representing pneumonia or other inflammatory process.

Clinical correlation and follow-up imaging after appropriate treatment are advised.

Right-sided pleural effusion, likely related to the pulmonary infiltration. Monitor clinically.

Bony Structures:

The visualized osseous structures of the chest are unremarkable without evidence of acute fractures

or destructive lesions.

Impression:

1.Atherosclerotic plaues in coronary artery,aortic arch..Clinical correlation for further

evaluation such as echocardiography may be necessary.

2.Right middle lobe infiltration, possibly representing pneumonia or other inflammatory process.

Clinical correlation and follow-up imaging after appropriate treatment are advised.

3.Right-sided pleural effusion, likely related to the pulmonary infiltration. Monitor clinically.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120741517

Clinical Information:

Evaluation for trauma

Technique:

Axial non-enhanced CT images of the chest were obtained with multiplanar reconstructions.

Findings:

Bony Thorax:

Fractures of the left 3rd-6th ribs ribs with suspicious flail chest.

Lungs and Pleura:

little bilateral pleural effusion.

No pneumothorax is noted on either side.

There is infiltration in bilateral.lower lung.

Mediastinum and Hila:

No significant mediastinal or hilar lymphadenopathy.

No mediastinal masses or vascular abnormalities.

Heart and Great Vessels:

Normal size and atherosclerotic plaues in coronary artery.

Others:

No free air under the diaphragm.

Impression:

1.Fractures of the left 3rd-6th ribs with suspicious flail chest.

2.Little bilateral pleural effusion.

3.Bilateral.lower lung.

4.Marginal spur formation at the thoracic spine, suggestive of degenerative changes.

Recommendation:

Clinical correlation and Follow-up imaging or evaluation may be indicated

depending on the clinical context.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120733140

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

Mild infiltration in LLL and stitch in left lower lung.

2,Mediastinum:

Lymph Nodes:no mediastinum enlarged L.Ns.

3.Vessels: No atherosclerotic changes in greast vessel

4.Pleural Spaces:

No pleural effusion or thickening.

5.Heart & Great Vessels:

The heart is normal in size. No pericardial effusion.

6.Bones & Soft Tissue:

No significant osseous lesions or soft tissue masses.

IMPRESSION:

Mild infiltration in LLL and stitch in left lower lung.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120729507

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A small ground-glass opacity 5.8mm is identified in the right upper lung .

2,Mediastinum:

Lymph Nodes:no mediastinum enlarged L.Ns.

3.Vessels: No atherosclerotic changes in greast vessel

4.Pleural Spaces:

No pleural effusion or thickening.

5.Heart & Great Vessels:

The heart is normal in size. No pericardial effusion.

6.Bones & Soft Tissue:

No significant osseous lesions or soft tissue masses.

IMPRESSION:

Stable of GGO in the right upper lobe.

follow-up in 12 months may be appropriate to confirm stability.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120714332

Technique:

Non-contrast computed tomography of the chest was performed using standard protocols.

Findings:

Atherosclerotic plaues in coronary artery,aortic arch.

Mediastinum:

The mediastinal structures appear intact. No masses, lymphadenopathy noted.

Lungs:

There is opacity surrounding areas of bronchiectasis in both lower lungs,RML,

suggests brochiectasis associated with infection, inflammation, or other reactive change

Two nodules in the right lower lobe, measuring 4.5 mm and 7.6 mm,left lingular 4.6mm.

Pleura:

No pleural effusion or pneumothorax. The pleural surfaces appear smooth without any thickening.

Bony Structures:

The visualized osseous structures of the chest are unremarkable without evidence of acute fractures

or destructive lesions.

Impression:

1.Atherosclerotic plaues in coronary artery,aortic arch..Clinical correlation for further

evaluation such as echocardiography may be necessary.

2.opacity surrounding areas of bronchiectasis in both lower lungs,RML,

suggests brochiectasis associated with infection, inflammation, or other reactive change

3.Two nodules in the right lower lobe, measuring 4.5 mm and 7.6 mm,left lingular 4.6mm respectively.

Recommendations:

Clinical correlation and possible sputum culture to assess for underlying infection in areas of bronchiectasia and Follow-up imaging, such as a repeat CT chest in 3-6 months, to monitor the nodules.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120652780

Clinic information:

GIST of anorectum s/p

non-contrast CT:

Findings:

Lung:

A small, 15.5 mm juxtapleural nodule is noted in the right lower lobe and left lower lobe. These are nonspecific in appearance and could represent small benign or malignant pulmonary nodules.

A 4.5mm nodule in LUL.

Heart and great vessel:

atherosclerotic plaues in coronary artery.

Mediastinum:

no mass lesion.

Liver:Multiple enhancing masses are seen throughout the liver, the largest of which measures approximately 3 cm in diameter. The appearance is concerning for metastatic disease.

Impression:

1.Multiple liver masses, largest 3 cm, highly suspicious for metastatic disease, likely from a gastrointestinal stromal tumor primary.

2.Small juxtapleural nodules in the right and left lower lobes, etiology unclear but concerning for primary lung neoplasm or possible metastatic disease.suggest follow up.

3.A 4.5mm nodule in LUL.suggest follow up.

4.Coronary artery atherosclerosis.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120728178

Imaging Report Form for the Lung Cancer 肺癌

Imaging Date: 2024/06/27

Technique: ■CT □MR images through the chest were obtained

■with □without intravenous contrast.

A. Primary Tumor (T)

# Location: LUL

# Size

□Non-measurable

■Measurable: 1.7 (greatest dimension)

□T1a: Tumor <= 1 cm

■T1b: Tumor > 1 cm but <= 2 cm

□T1c: Tumor > 2 cm but <= 3 cm

□T2a: Tumor > 3 cm but <= 4 cm

□T2b: Tumor > 4 cm but <= 5 cm

□T3: Tumor > 5 cm but <= 7 cm

□T4: Tumor > 7 cm

# Tumor Invasion

□T1:

□Surrounded by lung or visceral pleura

□Not more proximal than lobar bronchus

□T2:

□Involves main bronchus

□Invades visceral pleura

□Atelectasis to hilum (focal or total)

■T3:

■Invades chest wall, pericardium

□Separate tumor nodule(s) in same lobe

□T4:

□Invades diaphragm, mediastinum, heart, great vessels, vertebral body

□Invades trachea, carina, recurrent laryngeal nerve, esophagus

□Separate tumor nodule(s) in a different lobe of the ipsilateral lung

B. Regional Lymph Node (N)

□N0: No or Equivocal

■Yes, locates

■Low cervical, supraclavicular, sternal notch

■Upper paratracheal □Prevascular □Retrotracheal □Lower paratracheal

□Subaortic □Para-aortic □Subcarinal □Paraesophageal □Pulmonary ligament

□Hilar □Interlobar □Lobar □Segmental □Subsegmental

□N1: Ipsilateral peribronchial and/or hilar and intrapulmonary lymph nodes

□N2: Ipsilateral mediastinal and/or subcarinal lymph nodes

■N3: Ipsilateral / contralateral scalene or supraclavicular lymph nodes

□N3: Contralateral mediastinal and/or hilar lymph nodes

C. Distant Metastasis (M)

□M0: No or Equivocal

□M1a: Separate tumor nodule(s) in contralateral lung

■M1a: Pleural nodules or malignant pleural (or pericardial) effusion

□M1b: Single extrathoracic metastasis, location: \_\_\_\_

□M1c: Multiple extrathoracic metastases in one or more organs, location: \_\_\_\_

D. Other Findings

= = = = = =

IMP:

Lung cancer, preliminary imaging staging T3N3M1a (AJCC 8th edition).

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120686910

Clinic information:

Adenocarcinoma of sigmoid colon, pT4aN2aM0,

stage IIIC s/p laparoscopic sigmoidectomy

noncontrast CT of chest

Findings:

Lungs and Pleura:

The lungs are clear with no evidence of nodules, masses, or consolidation in either lung.

There are no signs of pleural effusion.

Mediastinum:

No evidence of pathological enlargement or lymphadenopathy.

Mild atherosclerotic plaues in coronary artery.

On port-A in upper chest.

Heart:

The heart size is within normal limits for age.

No pericardial effusion or abnormal cardiac silhouette is noted.

Bone Structures:

The visualized portions of the thoracic spine and rib cage are intact.

There are no lytic or sclerotic lesions suggestive of osseous metastases.

Impression:

1.No evidence of pulmonary metastases in a patient with a history of colon cancer

status post-surgical resection.

2.Mild atherosclerotic plaues in coronary artery.

3.On port-A in upper chest.

Recommendations:

Continued routine oncological follow-up as indicated for colon cancer.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120728192

Type of Study: Non-contrast computed tomography of the chest.

Clinical History:

History of right upper lobe nodule previously diagnosed as cancer, status VATS lobectomy of the RUL.

Findings:

Lung Parenchyma:

Post-surgical changes with fibrosis evident in the remaining portions of the right upper lobe.

Opacities and Nodules: Multiple small opacities are noted throughout the RUL, RLL , and LLL, consistent with post-inflammatory changes or recurrent disease. There are also numerous miliary nodules scattered bilaterally across both lungs.

Pleura and Mediastinum:

No significant mediastinal lymphadenopathy is evident.

The pleural surfaces are smooth with no evidence of effusion or thickening.

Other Findings:

atherosclerotic plaues in coronary artery.

Impression:

1.The fibrosis in the right upper lobe is consistent with post-surgical changes following VATS lobectomy.

2.comparing 2024/03/21 stable of presence of miliary nodules throughout both lungs raises concerns for a disseminated process such as metastatic disease,miliary tuberculosis,

3.comparing 2024/03/21 stable of opacities noted in the RUL, RLL, and LLL need to R/O recurre malignancy ,infection or other pathologies.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120734992

Technique:

Non-contrast computed tomography of the chest was performed using standard protocols.

Findings:

Atherosclerotic plaues in coronary artery,aortic arch.

Mediastinum:

The mediastinal structures appear intact. No masses, lymphadenopathy noted.

Lungs:

No masses, nodules, or cavities are identified in the lungs. The bronchial tree appears unremarkable.

No evidence of pneumothorax of lung.

Pleura:

No pleural effusion or pneumothorax. The pleural surfaces appear smooth without any thickening.

Bony Structures:

Rt 7,8th ribs fracture.

Impression:

1.Rt 7,8th ribs fracture.

2.Atherosclerotic plaues in coronary artery,aortic arch..Clinical correlation for further

evaluation such as echocardiography may be necessary.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120666980

Clinic information:

adenocarcinoma of rectum with urinary bladder and prostate invasion, cT4bN2bM0,

stage IIIC s/p CCRT with

noncontrast CT of chest

Findings:

Lungs and Pleura:

The lungs are clear with no evidence of nodules, masses, or consolidation in either lung.

There are no signs of pleural effusion.

Mediastinum:

No evidence of pathological enlargement or lymphadenopathy.

No atherosclerotic plaues in coronary artery.

Heart:

The heart size is within normal limits for age.

No pericardial effusion or abnormal cardiac silhouette is noted.

Bone Structures:

The visualized portions of the thoracic spine and rib cage are intact.

There are no lytic or sclerotic lesions suggestive of osseous metastases.

Impression:

1. Stable,comparing previous CT 2024/04/02.

2. No evidence of pulmonary metastases in a patient with a history of colon cancer status post-surgical resection.

Recommendations:

Continued routine oncological follow-up as indicated for colon cancer.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120742712

CLINICAL INFORMATION:

abnormal GGO over chest CT

Technique:

Axial imaging of the chest was obtained without contrast.

FINDINGS:

1.Lungs:

A small ground-glass opacity size 11.2mm is identified in the right middle lung lung .

NO pneumothorax.

2,Mediastinum:

Lymph Nodes:no mediastinum enlarged L.Ns.

3.Vessels: No atherosclerotic changes in greast vessel

4.Pleural Spaces:

No pleural effusion or thickening.

5.Heart & Great Vessels:

The heart is normal in size. No pericardial effusion.

6.Bones & Soft Tissue:

RT upper ant. chest laceration.

No rib fracture.

No significant osseous lesions or soft tissue masses.

IMPRESSION:

1.A size 11.2mm GGO in the right middle lung lung .

2.RT upper ant. chest laceration.

follow-up in 12 months may be appropriate to confirm stability.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====

檢查單號:U120726492

Clinic information:

Known case of parathyroid cancer, left parathyroid (T3, N1a, M0)

Examination: Non-contrast CT of the Chest

Findings:

Lungs and Airways:

A ground-glass opacity (GGO) measuring 9 mm is observed in the right lower lobe. This finding is non-specific but may represent an early inflammatory process, infection, or neoplastic lesion. Follow-up imaging is recommended to monitor for changes.

Neck:  
There is also a 1.2 cm lymph node in the right lower neck, which is likely metastatic in nature considering the clinical context.

Mediastinum and Lymph Nodes:

Subcentimeter lymph nodes are noted in the mediastinum. These lymph nodes do not meet size criteria

for pathological enlargement but should be monitored given the patient's oncological history.

Bone and Soft tissue:

A soft tissue swelling is observed at the junction of the right clavicle and sternum. This could represent a metastatic deposit or reactive change and warrants further evaluation with clinical correlation.

NO osteolytic or sclerotic change of T spine.

Heart and Great vessel:

No cardiomegaly.

atherosclerotic plaues in coronary artery.

IMP:

1.GGOin the right lower lobe measuring 9 mm. Differential considerations include early inflammatory process, infection, or neoplastic lesion. Recommend follow-up imaging to monitor for interval changes.

2.A 1.2 cm lymph node in the right lower neck, suspicious for metastatic disease.

3.Subcentimeter lymph nodes in the mediastinum and a soft tissue swelling at the right clavicle-sternum junction, concerning for possible metastatic involvement. Recommend further clinical and imaging evaluation.

Recommendation:

Clinical correlation and follow-up are advised.Consider PET-CT for better characterization.   
Biopsy of the suspicious right neck lesion may be warranted for histopathological confirmation.  
Routine follow-up CT scans to monitor the ground-glass opacity in the right lower lobe for any changes.

=== 放射專科醫師：葉偉成醫師 放診專字第0328號 ====